

MAY 22 2006

Atty Docket No. 16869S-104700US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Yaima Campos

Group Art Unit 2185

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FOR THE PERSONAL ATTENTION OF
EXAMINER Yaima Campos**

CERTIFICATION OF FACSIMILE TRANSMISSION

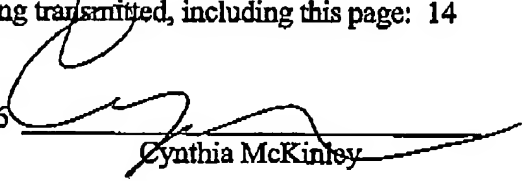
I hereby certify that the following documents in re Application of Satoshi OSHIMA, et al., Application No. 10/769,030, filed January 30, 2004 for STORAGE DEVICE HAVING A CAPABILITY OF LEARNING ACCESS PATTERNS are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form
2. Petition to Extend Time (in dup.)
3. Fee Transmittal (in dup.)
4. Amendment

Number of pages being transmitted, including this page: 14

Dated: May 22, 2006

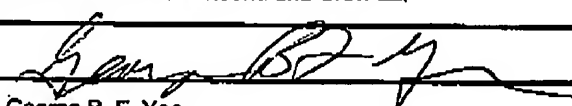

Cynthia McKinley

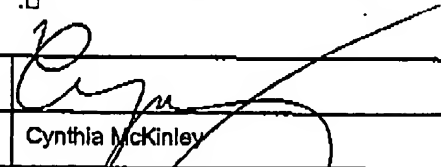
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60779070 v1

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Application Number	10/769,030	PTO/SB/21 (09-04) RECEIVED CENTRAL FAX CENTER MAY 22 2006
		Filing Date	January 30, 2004	
		First Named Inventor	Oshima, Satoshi	
		Art Unit	2185	
		Examiner Name	Yaima Campos	
Total Number of Pages in This Submission	13	Attorney Docket Number	16869S-104700US	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	George B. F. Yee		
Date	May 22, 2006	Reg. No.	37,478

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	Cynthia McKinley	Date	May 22, 2006

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PTO/SB/17 (01-06)

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 200)**Complete if Known**

Application Number	10/769,030
Filing Date	January 30, 2004
First Named Inventor	Oshima, Satoshi
Examiner Name	Yaima Campos
Art Unit	2185
Attorney Docket No.	16869S-104700US

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)
 Each independent claim over 3 (including Reissues)
 Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
16	-20 or HP = 0	x \$50	= \$0

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4	-3 or HP = 1	x \$200	= \$200

HP = highest number of independent claims paid for, if greater than 3

Small Entity	Fee (\$)	Fee Paid (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).


Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fees Paid (\$)**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	37,478	Telephone	650-326-2400
Name (Print/Type)	George B. F. Yee			Date	May 22, 2006

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